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## APPLICANTS

Maximilien d'Estries, Mesa, AZ;

\*\* CONTINUING DATA \*\*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AZ	DRAWING 5	23	3
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

007663  
 STETINA BRUNDA GARRED & BRUCKER  
 75 ENTERPRISE, SUITE 250  
 ALISO VIEJO , CA  
 92656

## TITLE

Cavity case with clip/plug for use on multi-media card

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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